

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Morel For Congress

ADDRESS (number and street)

8123 Woodslanding Trail

Check if different  
than previously  
reported. (ACC)

West Palm Beach

FL

33413

2. FEC IDENTIFICATION NUMBER ▼

C

C00539973

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2013

through

M M / D D / Y Y Y Y  
06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charon J Williams

Signature of Treasurer

Charon J Williams

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

**Morel For Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1055.00	1026.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1055.00	1026.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9117.13	7869.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	8917.13	7869.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	127.09	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	11572.55	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

Morel For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

700.00

0.00

**(ii) Unitemized.....**

355.00

1026.00

**(iii) TOTAL of contributions from individuals .....**

1055.00

1026.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs) .....**

0.00

0.00

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1055.00

1026.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

2925.00

7700.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

2925.00

7700.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

200.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

1345.00

3787.44

**16. TOTAL RECEIPTS (add Lines**

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4).....

5525.00

12513.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9117.13	7869.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	650.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	650.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	275.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10042.13	7869.22

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4644.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5525.00
25. SUBTOTAL (add Line 23 and Line 24).....	10169.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10042.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	127.09

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Morel For Congress

Full Name (Last, First, Middle Initial)

Wayne Smith

A.

Mailing Address 175 Saratoga Blvd. West

City

Royal Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tyco Fire & SecurityOccupation  
Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period

300.00

Donation via Democracy Engine

Full Name (Last, First, Middle Initial)

Roger Toussaint

B.

Mailing Address 120 Heatherwood Drive

City

Royal Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Computer Technician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period

300.00

Donation

Full Name (Last, First, Middle Initial)

Roger Toussaint

C.

Mailing Address 120 Heatherwood Drive

City

Royal Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Computer Technician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2013

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period

100.00

Donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 23

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Morel For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Emmanuel G Morel</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		20		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05		20		2013									
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4399</b>											
City West Palm Beach	State FL	Zip Code 33413											
FEC ID number of contributing federal political committee. <b>C</b> H4FL21054		Amount of Each Receipt this Period <table border="1"> <tr> <td>2125.00</td> </tr> </table>		2125.00									
2125.00													
Name of Employer Retired	Occupation Fed Investigator	Personal Loan to Campaign											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2125.00</td> </tr> </table>	2125.00											
2125.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Emmanuel G Morel</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06		17		2013									
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4412</b>											
City West Palm Beach	State FL	Zip Code 33413											
FEC ID number of contributing federal political committee. <b>C</b> H4FL21054		Amount of Each Receipt this Period <table border="1"> <tr> <td>800.00</td> </tr> </table>		800.00									
800.00													
Name of Employer Retired	Occupation Fed Investigator	Loan from Candidate											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2925.00</td> </tr> </table>	2925.00											
2925.00													
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>2925.00</td> </tr> </table>		2925.00									
2925.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>2925.00</td> </tr> </table>		2925.00									
2925.00													

FOR LINE NUMBER:  
(check only one)

(continued)

<div></div>	11a	<div></div>	11b	<div></div>	11c	<div></div>	11d		
<div></div>	12	<div></div>	13a	<div></div>	13b	<div>X</div>	14	<div></div>	15

NAME OF COMMITTEE (In Full)  
**Morel For Congress**

## Morel For Congress

Date of Receipt

MM / DD / YYYY

City	State	Zip Code
West Palm Beach	FL	33413

C	C00539973
---	-----------

Occupation

Election Cycle-to-Date

☒ Primary ☐ General  
☐ Other (specify)

1245.00

Amount of Each Receipt this Period

100.00

### Reimbursement for Telephone Expenses

**B.** \_\_\_\_\_  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 23

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 ☒ 15

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NAME OF COMMITTEE (In Full)  
**Morel For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Morel For Congress</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2013	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA15.4365</b>	
City West Palm Beach	State FL	Zip Code 33413	Amount of Each Receipt this Period 1145.00
FEC ID number of contributing federal political committee. C C00539973		Receipts from 4/7/2013 Fundraiser	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1145.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1145.00	
<b>TOTAL</b> This Period (last page this line number only).....		1145.00	



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Joseph's Classic Market**

Mailing Address 10479 Southern Blvd

City	State	Zip Code
Royal Palm Beach	FL	33411

Purpose of Disbursement  
4/7/2013 Fundraiser - Food

003

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2013

Amount of Each Disbursement this Period

425.88
--------

Transaction ID : SB17.4316

**B. MidAmerica Consulting**

Mailing Address PO Box 164

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement  
Fundraising Consulting

001

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4361

**C. Mr. Emmanuel G Morel**

Mailing Address 8123 Woodslanding Trail

City	State	Zip Code
West Palm Beach	FL	33413

Purpose of Disbursement  
Reimbursement for T Shirt Order

006

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2013

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.4353

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1725.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Emmanuel G Morel**

Mailing Address 8123 Woodslanding Trail

City	State	Zip Code
West Palm Beach	FL	33413

Purpose of Disbursement  
Loan Repayment to Candidate

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4425

**B. Mr. Emmanuel G Morel**

Mailing Address 8123 Woodslanding Trail

City	State	Zip Code
West Palm Beach	FL	33413

Purpose of Disbursement  
Reimbursement for T Shirts Order

Candidate Name

**Morel For Congress**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2013

Amount of Each Disbursement this Period

425.00
--------

Transaction ID : SB17.4367

**c. Office Depot**

Mailing Address 101A S.. State Rd 7

City	State	Zip Code
West Palm Beach	FL	33414

Purpose of Disbursement  
Posters

Candidate Name

**Morel For Congress**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2013

Amount of Each Disbursement this Period

159.00
--------

Transaction ID : SB17.4345

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

984.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 101A S.. State Rd 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2013

City	State	Zip Code
West Palm Beach	FL	33414

Purpose of Disbursement  
Posters

004

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Amount of Each Disbursement this Period

37.32
-------

Transaction ID : SB17.4341

**B. Public Eye Relations**

Mailing Address 5566 Wright Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2013

City	State	Zip Code
Powder Springs	GA	30217

Purpose of Disbursement  
Strategy Consulting - Paypal Transfer to Publicsf Eye

001

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4354

**c. Public Eye Relations**

Mailing Address 5566 Wright Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2013

City	State	Zip Code
Powder Springs	GA	30217

Purpose of Disbursement  
Strategy Consulting

001

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4342

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2037.32

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Public Eye Relations**

Mailing Address 5566 Wright Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2013

City	State	Zip Code
Powder Springs	GA	30217

Purpose of Disbursement  
Strategy Consulting - paid via Paypal Transfer

001

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4349

Candidate Name

**Morel For Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Full Name (Last, First, Middle Initial)

**B. Public Eye Relations**

Mailing Address 5566 Wright Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2013

City	State	Zip Code
Powder Springs	GA	30217

Purpose of Disbursement  
Strategic Consulting - paid via Paypal Transfer

001

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4406

Candidate Name

**Morel For Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Full Name (Last, First, Middle Initial)

**C. Total Wines**

Mailing Address 960 S State Road 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2013

City	State	Zip Code
Royal Palm Beach	FL	33414

Purpose of Disbursement  
Catering for 4/7/2013 Fundraiser- Beverages

003

Amount of Each Disbursement this Period

663.51
--------

Transaction ID : SB17.4327

Candidate Name

**Morel For Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2163.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Verizon**

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002-5505

Purpose of Disbursement  
Telephone

001

Category/  
Type

Candidate Name

**Morel For Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2013

Amount of Each Disbursement this Period

555.07
--------

Transaction ID : SB17.4334

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

555.07

7465.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 23

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Morel For Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Emmanuel G Morel**

Mailing Address 8123 Woodslanding Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2013

City	State	Zip Code
West Palm Beach	FL	33413

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
Loan Repayment to Candidate

009

**Transaction ID : SB19A.4427**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 21

Full Name (Last, First, Middle Initial)

**B. Mr. Emmanuel G Morel**

Mailing Address 8123 Woodslanding Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2013

City	State	Zip Code
West Palm Beach	FL	33413

Amount of Each Disbursement this Period

450.00
--------

Purpose of Disbursement  
Loan Repayment to Candidate

009

**Transaction ID : SB19A.4428**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 21

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

650.00
--------

**TOTAL** This Period (last page this line number only).....

650.00
--------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 15 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

200.00

Cumulative Payment To Date

200.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 03 / 2012

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

2000.00

Cumulative Payment To Date

450.00

Balance Outstanding at Close of This Period

1550.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 31 / 2012

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1550.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 23

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 25 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 14 / 2013

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 19 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 / 22 / 2013M M / D D / Y Y Y Y  
NoneD D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 23

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4399

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Emmanuel G Morel

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

2125.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2125.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 20 / 2013

Date Due

M M / D D / Y Y Y Y  
00/00/0000

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2125.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 21 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4412

Morel For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. Emmanuel G Morel

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 17 / 2013

Date Due

M M / D D / Y Y Y Y  
00/00/0000

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

800.00

**TOTALS** This Period (last page in this line only)..... ►

9975.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Morel For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mr. Emmanuel G Morel**

Nature of Debt (Purpose):

Office Depot Printing Services

Mailing Address 8123 Woodslanding Trail

City State

Zip Code

West Palm Beach

FL

33413

Outstanding Balance Beginning This Period

178.89

Transaction ID : SD10.4267

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

178.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mr. Emmanuel G Morel**

Nature of Debt (Purpose):

T Shirts

Mailing Address 8123 Woodslanding Trail

City State

Zip Code

West Palm Beach

FL

33413

Outstanding Balance Beginning This Period

400.00

Transaction ID : SD10.4271

Amount Incurred This Period

0.00

Payment This Period

400.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mr. Emmanuel G Morel**

Nature of Debt (Purpose):

Letterheads &amp; Envelopes Printing

Mailing Address 8123 Woodslanding Trail

City

State

Zip Code

West Palm Beach

FL

33413

Outstanding Balance Beginning This Period

147.87

Transaction ID : SD10.4269

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.87

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

326.76

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Morel For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mr. Emmanuel G Morel**

Nature of Debt (Purpose):

4/7/13 Fundraiser Flyers &amp; T Shirts

Mailing Address 8123 Woodslanding Trail

City State

Zip Code

West Palm Beach

FL

33413

Outstanding Balance Beginning This Period

849.82

Transaction ID : SD10.4270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

849.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**QVC**

Nature of Debt (Purpose):

Computer Purchase

Mailing Address 1365 Enterprise Drive

City State

Zip Code

Westchester

PA

19380

Outstanding Balance Beginning This Period

560.36

Transaction ID : SD10.4217

Amount Incurred This Period

0.00

Payment This Period

139.39

Outstanding Balance at Close of This Period

420.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

1270.79

2) **TOTALS** This Period (last page this line number only) .....

1597.55

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

9975.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

11572.55